



COMMONWEALTH OF KENTUCKY  
KENTUCKY STATE BOARD OF PHYSICAL THERAPY  
APPLICATION FOR CREDENTIALING

PT \_\_\_\_\_ PTA \_\_\_\_\_

I hereby make application to practice as a physical therapist or physical therapist assistant in Kentucky subject to the provision of the law and the rules and regulations of the Kentucky State Board of Physical Therapy by:

\_\_\_\_\_ ENDORSEMENT \_\_\_\_\_ EXAMINATION \_\_\_\_\_ EXAM REGISTERED  
IN ANOTHER STATE

**Applicant should submit in typewritten form or printed in ink.  
Do not abbreviate or omit any information.**

1. **Name:** \_\_\_\_\_  
Last First Middle Name Maiden Social Security Number
2. **Mailing Address:** \_\_\_\_\_  
Street Address Apt # City State ZIP + 4  
\_\_\_\_\_  
County ( ) Telephone number email address Date of Birth (mm/dd/yr)
3. **Present Employer:** \_\_\_\_\_  
☐ Facility Name or ☐ Traveling Company Name Street Address  
\_\_\_\_\_  
County City State ZIP ( ) Telephone Number
4. **Proposed KY Employment:** \_\_\_\_\_  
Facility Name Street Address  
\_\_\_\_\_  
County City State ZIP ( ) Telephone Number
- Anticipated Starting Date: \_\_\_\_\_ PTA's only: PT Supervisor \_\_\_\_\_

Note: Home address shall be the official address for the Board. Please check the appropriate box below for your preferred public address of record for all other purposes. If no box is checked, your home address will be used.

☐ Primary Work Site ☐ Home

5. **EDUCATION**

	School Name	City/State	Dates Attended	Major	Degree
High School	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Postgraduate	_____	_____	_____	_____	_____

6. Have you ever been credentialed in any state? \_\_\_\_\_Yes \_\_\_\_\_No

If **Yes**:

STATE	CREDENTIAL #	DATE OF ISSUE	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Employment history in physical therapy. Begin with current employment and account for all time.

FACILITY	CITY, STATE	DATES	POSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**FOR APPLICANTS EDUCATED OUTSIDE THE UNITED STATES**

Furnishes the board an original favorable educational credentials evaluation report from a credentialing agency that uses the "Coursework Evaluation Tool" copyrighted by Foreign Credentialing Commission on Physical Therapy (FCCPT).

My native language is \_\_\_\_\_. If English is not your native language, submit original results of an English proficiency exam from:

**Test of Spoken English (TSE)**  
**P.O. Box 6157**  
**Princeton, NJ 08541-6157**  
**(609) 771-7100**  
**Cable: EDUCTESTSVC**  
**<http://www.toefl.org/tse>**

8. **CONVICTIONS OR DISCIPLINARY ACTIONS:** If the answer to any of the questions listed below is “Yes,” send a letter of full explanation and official (**certified**) copies of the charges(s) and conviction(s), including penalty, to the board office. Have you:
- A. Been convicted of a felony, misdemeanor, or any crime in the courts of this state or any other state, territory or country? Do not include information of minor traffic violations which do not involve alcohol or other substance abuse. \_\_\_\_\_ Yes \_\_\_\_\_ No
- B. Had your credential to practice physical therapy disciplined in another state, or is your credential under current disciplinary review in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No
- C. Had a credential in another health profession disciplined in this state or any other state, or is that credential under current disciplinary review? \_\_\_\_\_ Yes \_\_\_\_\_ No
- D. Had a malpractice settlement or civil judgment entered against you? \_\_\_\_\_ Yes \_\_\_\_\_ No
- E. Had an application for a credential rejected? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Have you ever been declared mentally incompetent by a court of competent jurisdiction and not thereafter been declared lawfully sane? \_\_\_\_\_ Yes  
 \_ No
10. Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority (KHEAA)? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If Yes, are you in default of the repayment obligation? (Per HB296) \_\_\_\_\_ Yes \_\_\_\_\_ No
11. To be considered for a credential in Kentucky, a person must successfully complete the National Physical Therapy Examination in Kentucky or another state. Have you previously taken the examination, or are you registered to take the NPTE through another state?

\_\_\_\_\_ Yes \_\_\_\_\_ No      State \_\_\_\_\_      Dates: \_\_\_\_\_

If answered yes and passed the exam - request your examination scores be sent to the Kentucky State Board of Physical Therapy with the online service: <https://www.fsbpt.net/pt> (Score Transfer Form).

#### ADA Request

Any request for a reasonable accommodation in testing due to a documented disability shall be submitted on an “Applicant Special Accommodations Request Form” and submitted with this application. These forms can be downloaded at [HTTP://pt.ky.gov](http://pt.ky.gov) under Forms & Applications.

## AFFIDAVIT TO BE COMPLETED BEFORE NOTARY

I, \_\_\_\_\_, being duly sworn state that I am the person referred to in the foregoing application and that the photograph attached hereto is of myself and that the statements made herein are true. I certify that I have not, am not, and will not practice, be classified, or hold myself out as being able to practice physical therapy in Kentucky until authorization to do so has been granted by the Kentucky State Board of Physical Therapy. In the event that I am credentialed by the Kentucky State Board of Physical Therapy, I hereby agree to adhere to and abide by the statutes, rules and regulations governing the practice of physical therapy in Kentucky.

I understand that under Kentucky law the submission of any false, fraudulent or forged statement, document or other matter in connection with this application is grounds for denial of a credential. I authorize the Board or its agents to obtain from other sources any information necessary for determining my qualifications for credentialing.

\_\_\_\_\_  
*Signature of Applicant*

(How your name will appear on your wall certificate)

County of \_\_\_\_\_ State of \_\_\_\_\_

Signed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

*Notary Public*

My Commission expires: \_\_\_\_\_

Notary Seal

Attach a photo  
taken within 1 year  
must be head and  
shoulders only.

APPLICATION FEE: See instruction. Only submit cashier's check, certified check or money order payable to: **Kentucky State Board of Physical Therapy**. THIS FEE IS NON-REFUNDABLE.

Return application and fee to:

**Kentucky State Board of Physical Therapy**  
**9110 Leesgate Road, Suite 6**  
**Louisville, Kentucky 40222-5159**  
**(502) 429-7140**  
**(502) 429-7142 (FAX)**  
**email: KYBPT@ky.gov**  
<http://pt.ky.gov>

-----Applicant, do not write below this line-----

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Date Application & Fee Received

Issue

\_\_\_\_\_  
Credential Number & Date of